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INDUSTRIAL MORBIDITY STATISTICS.

The following report of a committee on industrial morbidity statistics of the American Public Health Association, Section on Vital Statistics, will be presented before that body at its annual meeting to be held in Chicago October 14–17, 1918:

This report is the result of a resolution adopted at the meeting of the American Public Health Association, Section on Vital Statistics, Washington, D. C., October 18, 1917. The resolution followed the presentation of a paper entitled, "Morbidity Statistics of War Industries Needed" by Dr. B. S. Warren and Mr. Edgar Sydenstricker, of the United States Public Health Service. In this paper the writers, having emphasized the importance of industrial morbidity statistics and the great need for such statistics at the present time, suggested the following minimum requirements for such statistics:

1. A record of the exposure, in years or in months, of the workers, who should be classified according to sex, age, and occupation.
2. A record of the cases of sickness (at least those causing disability), including (*a*) sex, age, and occupation of persons afflicted, and (*b*) cause of sickness with time of onset, length of disability, and nature of termination.

The resolution adopted by the section directed the chairman to appoint a representative committee (*a*) to develop the above minimum requirements into a system of standard morbidity records; (*b*) to prepare standard tables which would present the essential facts of sickness as they arise from the tabulation of the records referred to; and (*c*) if possible, to outline plans by which employers of labor might be interested to adopt the uniform methods recommended.

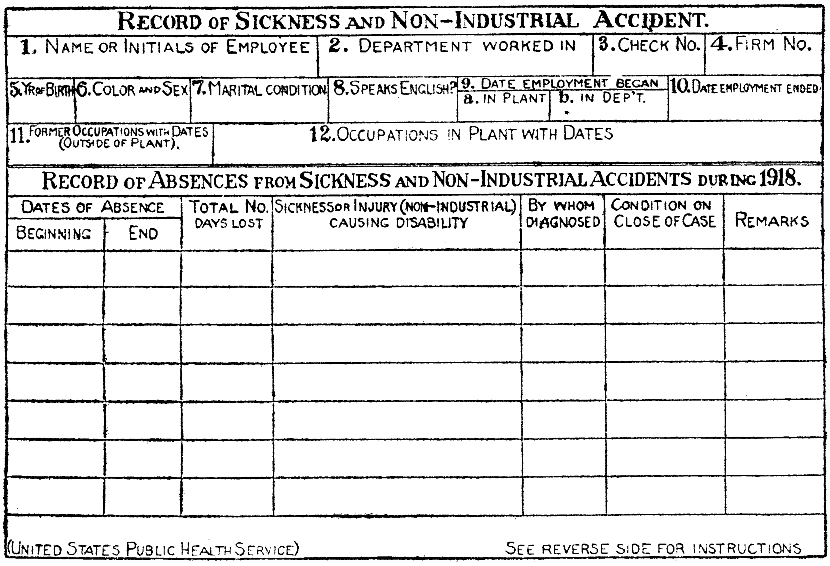
The committee was organized to include the following groups: The United States Public Health Service, statisticians interested in industrial morbidity, employment and welfare managers in industry, and organized labor.

A number of meetings were held throughout the spring in New York at the office of the chairman.

For the purposes of this report, illness was defined to include cases of disability due to sickness or nonindustrial accident causing absence from work for a period not less than one day. The committee kept in mind, however, that in many plants it would be for the present impracticable to keep records of cases of sickness of such short duration. For such establishments an alternative plan was suggested under which the minimum duration of disability recorded might be three, five, or seven days, but in these cases the minimum period should be clearly stated. Nonindustrial accidents were interpreted to include only those cases of disability which occurred outside of the establishment and when the employee was not at work.

1. The Record of Sickness.

The card shown below is recommended for adoption by the American Public Health Association and by industrial establishments for recording industrial morbidity. The card can be 4 by 6 inches in size.



Record of Sickness and Non-Industrial Accident.

1. Name or Initials of Employee	2. Department worked in	3. Check No.	4. Firm No.

5. Yr. of Birth	6. Color and Sex	7. Marital condition	8. Speaks English?	9. Date employment began a. In plant	 b. In Dep't.	10. Date employment ended

11. Former Occupations with Dates (Outside of Plant).	12. Occupations in Plant with Dates

Record of Absences from Sickness and Non-Industrial Accidents during 1918.

Dates of Absence		Total No. days lost	Sickness or Injury (Non-industrial) causing disability	By whom diagnosed	Condition on close of case	Remarks
Beginning	End					

(United States Public Health Service) See reverse side for instructions

[On reverse of record card.]

EXPLANATIONS OF TERMS USED.

Marital condition.—State whether married, single, widowed, or divorced.

Date employment ended.—Give date of termination of service if employee resigned or was discharged, or of death if employee died.

Occupation.—Occupation should be stated definitely to indicate the particular kind of work done in the department—for example, sand blaster of metal parts, japanner, oven tender, mixer, wringer, dipper. Do not use such indefinite terms as laborer, machinist, foreman, operator. If employee is exposed to poisons, deleterious dust, heat, fumes, or humidity, please specify.

Dates of absence.—The date of beginning of absence is the date on which the employee quit work, irrespective of the hour. The date absence ended is the date prior to the one on which employee returned to work, irrespective of the hour.

Total days lost.—This is the period between the date of the beginning and the date of the close of the absence, including Sundays and holidays.

Sickness or nonindustrial injury.—Record the disease or condition causing disability as given by the attending physician. Where there is no physician, give the diagnosis as described by the employee. State disease or condition in the most definite terms. For example, do not use such terms as "colds," "cough," "disability," "weakness," "fever." Injuries should be recorded only if nonindustrial in character—that is, if they happened outside of working hours while employee was not at work. Occupational disease should be recorded.

By whom diagnosed.—Record whether by physician, nurse, or patient.

Condition on close of case.—State whether "Recovered," "Improved," "Unimproved," or "Died."

Remarks.—Give any additional information pertinent to the case.

The above card and instructions and explanations of the terms used represent what the committee believe to be minimum requirements for the recording of sickness. In some establishments much more complete information can be obtained, and in such cases the committee recommends that a fuller card be used. Care should be taken, however, in such establishments to have the items included on this card unchanged and in accessible form.

2. Record of Personnel Exposed to Sickness.

In addition to the record of sickness a record of personnel is essential to the study of industrial morbidity. Unless there is available a count of the number of workers by color, sex, and age period for the period of the study, the records of sickness will not give the information desired. The following method is suggested for determining the number of persons exposed to illness in any establishment.

The sickness record card may serve simultaneously as the personnel card. The upper part of the form is to be filled out for each employee at the time of his appointment. The card is then kept in an active file, subdivided by departments, so long as the employee remains with the establishment, and after that in an inactive file. When the employee is shifted from one department to another the card is to be revised to cover the change in the space given to occupation, the date of the change is recorded, and the card is transferred to the file of the department to which the employee goes.

To facilitate keeping the personnel record it is recommended that "tabs" or "signals," located in certain divisions of the top of the card, be used to designate sex, color, and age group. Three such age groups will answer. Thus, a blue signal in the left third of the top of the card would indicate "white male, under 25 years," in the middle third "25 to 44 years," and in the right third "45 years and over." A red signal could be used for white females, a yellow one for colored males, and a green one for colored females. At the end of each month the clerk in charge of the file would record the number of workers in each sex, color, and age group, obtaining the data solely from the tabs. The monthly records of any year would be summed for each color, sex, and age class to find the average number of employees exposed in each group.

The record of sickness may be secured from the cards without difficulty if a signal distinct from the personnel signals be attached to each card as the first illness occurs.

An alternative plan suggests itself, namely, that the pay roll be used as a guide to the number of persons employed from week to week and that the color, sex, and age data be obtained by census of the employees annually. The annual average pay roll could be divided into color, sex, and age classes according to the proportions prevailing at the time of the employees' census. This is not recommended under present unusual conditions. While cheaper, it does not lend itself to an accurate statement of the age and sex distribution of the personnel. The method is a makeshift at best and will break down, especially where, as under present conditions, male employees are constantly replaced by female workers and where persons of draft age are replaced by much younger and older employees.

3. Tabulation of Sickness Statistics.

The proper classification and tabulation of the data from the personnel records and from the records of sickness will result in a series of statistical tables. The following tables are recommended as a beginning in the tabulation of industrial sickness statistics:

TABLE 1.—*Number of cases of sickness having duration of ——— days or more, excluding industrial accidents, and rates per 1,000 exposed, by age and by sex during 191—.*

Age.	Males.			Females.		
	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.
Total, all ages						
Under 25 years						
25 to 44 years						
45 years and over						

Distinction may further be made for white and colored persons where there is a sufficient number of colored employees; where no such classification is desired in the personnel of the establishment it may be useful to distinguish between those speaking English and those not speaking English.

TABLE 2.—*Average number of days of sickness in Table 1 per employee exposed, and days per case of sickness by age and sex during 191—. (Color or language distinction may be made as suggested in Table 1 where the conditions warrant such classification.)*

Age.	Males.				Females.			
	Number exposed.	Days lost through sickness.	Days per 1,000 exposed.	Days per case of sickness.	Number exposed.	Days lost through sickness.	Days per 1,000 exposed.	Days per case of sickness.
Total, all ages								
Under 25 years								
25 to 44 years								
45 years and over								

TABLE 3.—*Number of cases of sickness in Table 1 classified by disease or condition, and rates per 1,000 exposed by sex during 191—.*

Disease or condition.	White males.		White females.	
	Number of cases.	Cases per 1,000 exposed.	Number of cases.	Cases per 1,000 exposed.
All diseases and conditions				
Typhoid fever, etc				

TABLE 4.—*Number of cases of sickness in Table 1 and days of sickness in Table 2 classified by principal occupations, and rates per 1,000 exposed in each occupation.*

Industry and specific occupation.	Number of cases of sickness.	Cases per 1,000 exposed.	Number of days lost through sickness.	Days per 1,000 exposed.	Days per case.
Automobile factories:					
Grinders					
Painters, varnishers, enamelers, etc					

TABLE 5.—*Number of cases of sickness in Table 1 classified by disease or condition and by medical attendance.*

Disease or condition.	Total cases.	With physician.	Without physician.
All diseases and conditions			
Typhoid fever, etc			

4. Agency for the Collection and Publication of Industrial Morbidity Statistics.

It is recommended that the United States Public Health Service be made the central agency or clearing house for the collection, analysis, and publication of industrial morbidity statistics. This should insure uniformity in the statistical procedures used, as well as accuracy of analysis. No bias can attach to publications issued under the auspices of the United States Public Health Service. Such central agencies as the Industrial Conference Board and other groups now engaged in the study of industrial morbidity in their cooperating establishments should be encouraged to proceed with their plans. The assistance of the United States Public Health Service is recommended for the wider extension of this work to those industrial groups not now benefiting from the study of the records of sickness in the establishments under their control. To this end, it may be necessary for the Public Health Service to put at the disposal of employers of labor qualified recording clerks who will keep the records of personnel and sickness up to date. It is understood that the Public Health Service will undertake to carry out this plan in a small number of establishments where such cooperation with the Federal Government is desired. The plan, if it proves satisfactory, will be extended to other establishments as fast as appropriations by Congress will permit. When the reports are collected they will be tabulated, analyzed, and published for the benefit of other establishments and those interested in the public health.

LOUIS I. DUBLIN, *Chairman.*
CARL B. AUEL.
WILLIAM A. HATHAWAY.
Dr. GEORGE E. TUCKER.
Dr. B. S. WARREN, *Secretary.*

NOTE.—The preparation of the tables listed above will entail the use of a series of lists covering both the occupations and the diseases and conditions. It is not thought necessary in this report to publish lists of either occupations or diseases, since such are now available to the United States Public Health Service. Should other groups be willing to undertake the study of their records of morbidity as indicated above, it is recommended that the classification of diseases follow closely the titles of "The Bellevue Hospital Nomenclature of Diseases and Conditions," published by the Board of Trustees of Bellevue and Allied Hospitals, New York, 1911. It will not be necessary to suggest lists of occupations for any single establishment.

SANITARY CONTROL OF WADING POOLS.

Experiences in the sanitary control of wading pools at Newark, N. J., are related by Dr. C. V. Craster, health officer of that city, in a paper read before the American Society for Promoting Hygiene and Public Baths.[1] Studies made of three public wading pools showed

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[1] At a meeting held in Newark on May 15, 1918.